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GUEST: **Dr. Leila Mehra**
Senior Advisor, Family Planning
World Health Organization

JOURNALISTS: Judy Lessing, Radio New Zealand
Afsane Bassir Pour, *Le Monde*

MODERATOR: Bhaskar Menon

WORLD HEALTH ORGANIZATION HEADS EFFORT TO ERADICATE FEMALE GENITAL MUTILATION

Some 80 million infants and adult women in 30 countries have been subjected to female genital mutilation. Dr. Leila Mehra, Senior Advisor on Family Planning at the World Health Organization (WHO), discusses this traditional practice and efforts to eradicate it.

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Executive Producer:	Kamil Taha
Producer:	Steve Whitehouse
Director:	Livingston Hinckley
Production Assistant:	Ellen McGuffie

ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

MENON: This is World Chronicle and I'm Bhaskar Menon, sitting in for Michael Littlejohns. Our subject today is one that until recently was very little discussed publicly. It's female genital mutilation. Some 80 million women and children in over 30 countries have been subjected to this traditional practice, which can lead to death and infertility. The World Health Assembly has called for its elimination.

Our guest today is an authority on the subject of female genital mutilation. She is Dr. Leila Mehra, Senior Advisor on Family Planning and Population at the World Health Organization in Geneva. Joining me today to talk with Dr. Mehra are Judy Lessing of Radio New Zealand and Afsane Bassir Pour of *Le Monde*. Dr. Mehra, welcome to World Chronicle.

MEHRA: Thank you very much.

MENON: Let me begin by asking you what exactly is meant by female genital mutilation?

MEHRA: Exactly as it implies. You know, earlier, the terminology used for this was female circumcision. And many people didn't think much about it because they thought it was really on a similar basis as male circumcision. But it was only over a period of years, when people came to know more details about it, that they realized it was not just circumcision, it was a mutilation of the genitals. And there was a hue and cry, which brought up a lot of the non-governmental organizations and those who were affected by it.

MENON: And where does it happen, where does this take place?

MEHRA: It takes place in the west coast and the east coast, in many countries in Africa. It is also in north Africa, in some of the Arab countries. And counting in countries, you can see there are some where it's very prevalent in a very severe form; others, where it is practised in a more moderate form. For example, Ethiopia, Somalia, and some parts of Sudan, this really is an extreme form of female genital mutilation called infibulation, while in some countries it is just a moderate form, or just the removal of part of the clitoris or its prepuce, or the complete removal of the clitoris.

BASSIR POUR: Could you explain to our viewers why they do this?

MEHRA: Yes. The belief is that this was being done -- centuries ago, this practice was being done. Some countries were undertaking it just [because] they thought that the women should not have any sexual pleasure. Others thought that it makes them hygienically just clean for them. Others thought that they had some habits like

masturbation and others that it will remove. These were the beliefs on which.... But really, the real belief on which it is done is that you cannot get any young girl married in any of the societies if she has not undergone this female genital mutilation.

MENON: But how -- when you say -- when we first began to find out, how did you begin to find out, how did this become an international problem?

MEHRA: When we talk of what are the various reasons which are leading to difficulty in delivery, childbirth and so on, slowly ,whenever in the countries you came to know why the bleeding was going, why the childbirth was difficult, then these cases came forward. And the women themselves within these countries then wanted some help in this area. And being such a sensitive issue, nobody wanted to touch it. Some of the people from outside, they tried, but they did not meet with success, because as I said, it is socially, culturally integrated into the culture. This is a practice that we would not like to give up just because somebody from outside wants to tell us.

So the best thing we did was [we] had a national and international gathering wherein the women who were from these countries came up with a very strong voice that they needed help in this area. And so it is through these non-governmental organizations, or the groups that formed the strong voice on which we based our plan of action.

LESSING: But it's women who perform these operations. I mean, they're in charge. I've read that there are almost never any men present. And it bothers me personally that it's women mutilating other women or girls. I mean --

MEHRA: Yes.

LESSING: -- this is mindboggling.

MEHRA: Yes, you see, the -- as you perhaps know, this practice is performed anywhere right from a few days from birth up to the time of marriage. Because those who haven't gone through this practice, they do not have a chance to get a husband. So at any point of time, the mothers would bring the girl over for this sort of thing. Some people believed it was just an initiation, but that is really not true, because a girl of three months or six months wouldn't know what is happening. But the average age, that is the normal age, is about six to eight or nine years.

BASSIR POUR: In dealing with women's rights, which is basically what you do, do you also meet with male opposition in traditional societies?

MEHRA: We are trying to do studies on that. Because the idea was that this whole thing came up because it's the males who thought that if a woman has undergone this particular practice, then it will not make her go around with other people. It will also, they thought -- I mean these are the studies which are going on -- that the sexual

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pleasure that the man gets is more. So the women have to undergo all this because of reasons that this is acceptable by the husbands.

But you can imagine now, as the educational level in both males and females is going up, they consider that it's very difficult for a man when he gets married, the first time that he has to have an intercourse with his wife. And if you come across one of these women who have undergone that, they always say there are three times that they remember very well. First time with a lot of pain that they remember is when they had to undergo this procedure. Second time is when they get married, the first day. Everybody enjoys the first day of marriage, and that's the time that they are so scared because it's so difficult for the man really to have intercourse. And the third time is childbirth. So these three are the most painful experiences that they --

MENON: Well, you've just mentioned three of the most intimate acts that can happen in a society.

MEHRA: Yes.

MENON: Does it bother you that you, as an Asian, are essentially looking at these very, very intimate problems which are almost exclusively those of Africa?

MEHRA: No, I wouldn't say almost exclusively that of Africa, because as you know that many of the people from these countries have now migrated and they've gone to places in Europe, in North America, Canada, even Australia and so forth. So it's now that the European countries started realizing that some of this immigrant population, especially from Somalia, Ethiopia, Ghana, various other countries, that they want to stick to this social and cultural practice. And so they were demanding people within that community or any of the medical people or traditional people that this be done. And if this was not being performed, they were being taken back to their countries for a holiday and their grandparents or parents would make them undergo this practice.

MENON: But still, the point is that it's still an African problem, as I see it, and it bothers me also that there is no African here at this table to discuss what is very intimately an African problem. What is the attitude of people in these countries? For instance, if you're speaking to an audience in west Africa say, what would be the reaction to you as a WHO representative?

MEHRA: Let me tell you, the first time when I went to one of the regional conferences as a representative of WHO and I started talking about this particular practice, I had to be very, very careful, because you really have to see their sensitivity. And then some of the videos which were made which were shown, which some of these women really didn't know how they will react to. Secondly, when it is said that we are here from the point of view of health, we are not trying to change their social and

cultural patterns, but there are some traditional harmful practices. And along with that, we said, not all practices can be harmful. So you have to give them that much benefit. And they are very intelligent, they may not be educated, but they were following something which they thought was really a cultural practice which needs to be followed. And I'd like to also tell you that I mentioned Europe, North America and others -- this small migrant population on which this practice is done. However, this practice is also prevalent to a very moderate form in Indonesia and Malaysia, and some other countries also, like Yemen and so on. And, you know, Egypt is one of the countries where also -- to begin with, it was one of the starting points. So some people say is it a religious one. Many people associate it with the Muslim religion. But really it's not so, because it's practised both by Muslims and non-Muslims. So it's more in the cultural society that you have it.

And another question you were asking me, what we did was we had a seminar on which we, after that a recommendation was to make an inter-African committee. And this inter-African committee then saw that national committees were set up in all these African countries. So to date, there are about 24 to 25 national committees in these various African countries, and others, which are looking to see that this particular practice is eliminated.

LESSING: Now how can WHO help these committees, then? I mean, are you going to help through surveys and giving them information? I mean, just how is it done?

MEHRA: I think one of the best things which came up was that in 1982 we came up with a very strong statement, along with UNICEF and others, and with the Centre on Human Rights, which clearly outlined what needs to be done at the country level. And it was that they must strengthen their own non-governmental organization groups at the grassroots level, train women who are doing it, showing them what are the harmful aspects, and also we supported them by trying to come up with epidemiological studies and what are the complications, both health and psychosocial. So this is where we were able to help them, and now a lot of other United Nations agencies have come forward. And since the rights of the child and the rights of women, and at our human rights meeting in Vienna, wherever there is a chance and at any international forum, we see that this particular practice from the health point of view is discussed, being very careful about the social and cultural....

BASSIR POUR: What kind of help do you get from the governments? Because basically they are the ones that can outlaw the practice.

MEHRA: I think the governments have been very helpful, because many of the heads of the governments and many of the very prominent women, so to say, have come

forward making statements on the harmful effects and, on the basis of the health of the women, that such a practice, which really has no benefit, must be eliminated and eradicated. Some of our regional offices which are most affected are the regional office in Africa and the one in the eastern Mediterranean, which is in Egypt. They came forward with the countries, had a dialogue. We had several seminars, several meetings, and training programs to show what this can result in. But we also took the NGOs, the non-governmental organizations, on our side. So it is they who really are the ones that we take them in front and then we....

MENON: But have many of the governments concerned actually banned the practice?

MEHRA: Yes. Yes. There are several governments who have banned the practice. And not only that, I mean it's even if you've seen that countries like France, where there are the immigrants, and the UK. For example, I'd like to give you just a little episode about Netherlands. Netherlands has an immigrant population which is mostly Somalian. These are the young girls, about 7,000 group. They did a study and they said, well, we should --

MENON: This is World Chronicle. Our guest is Dr. Leila Mehra, Senior Advisor on Family Planning and Population at the World Health Organization in Geneva. You were saying? I'm sorry I had to interrupt you for that identification. Let me ask you, a problem it seems in some of these countries is that from being a traditional practice it's been modernized, and girls are being operated upon by professionally trained doctors, doctors trained in western medicine. To what extent is this a problem and how is WHO dealing with it?

MEHRA: You see, I was talking about the statement that we came up with, and when I say a statement by WHO, we are an intergovernmental organization. Whenever a statement comes it means we have the approval of all the governments with whom we work. So what we did was in this statement we made it very clear, besides other things, the clearest was under no circumstances can this practice be medicalized. In other words, it cannot be taken out from the traditional birth attendants or others who are doing it with un-hygienic and so conditions to be brought up at the level of the hospital. First reaction in countries like Sudan and others was that if it is done under medical supervision or hygienic conditions, it will be better than not having it done at that level. But we said no, under no circumstances. And I think that has been accepted.

And I was quoting what happened in Netherlands, for example. They said because the immigrants are saying that this is a cultural practice, and so their cultural practice should be continued and respected. And almost they were going to give in,

thinking that people might not say that it's a discrimination to a particular community. We went into this and there were various non-governmental organizations who attended this meeting, and their own doctors in Netherlands who were not in favour of it. And fortunately for everybody, the verdict was no. Because I simply said that today you will let them go through this moderate form, but tomorrow morning it will be the headlines that such and such country has legalized this particular practice. And I think that's the country which has done so good in our World Health Organization to many of the practices for the good of women's health and development.

LESSING: What happens when you talk to men? Do either -- does the World Health Organization or some of the non-governmental groups in specific countries ask the men what they think?

MEHRA: Yes.

LESSING: And what do they think?

MEHRA: Well, as more and more men are coming up at a level of education and also being exposed to the world, they are accepting that this practice should be eradicated. But we have to go a long way from here, by and large, because they were the ones who were never involved in this practice. The whole thing in some countries like Sierra Leone and all, it was all done very much in a secret society. The girl was taken away from there and there was -- it was quite a festivity. And the girls were taken during the school holidays and they would undertake this, and the whole thing -- I don't want to describe it because it's not a very pleasant thing, the way she was held down and the way the whole thing was done.

MENON: And it's usually done without anaesthesia or --?

MEHRA: Without anaesthesia, of course. As you say, that is one of the reasons they were saying if you medicalize it, at least we do it and it will be less pain. But that does not mean that the result of that would not be the same as it will be with the other.

MENON: You used the figure 80 million here, but how many of these cases actually happen every year?

MEHRA: I would say it's about 2 million young girls who would be taking that.

LESSING: How many of them die?

MEHRA: We don't have any definite statistics. We don't have any definite statistics. That's why, one of the reasons we are trying to collect some data, and WHO is trying to come up with a fact book which would include all these factors. However, there are the immediate complications, which definitely is bleeding, haemorrhage, leading to shock, tetanus in so many, and this is due to the use of the instruments or the needles. And these are not really the medical instruments which are being used.

BASSIR POUR: I'm slightly perplexed listening to you. You tell us that the governments are very helpful, which surprised me. You now tell us that the men are helpful, they want this to be eradicated, and that the women, although not educated, they understand. And yet I see you started this effort 20 years ago, and there's still 2 million children that are --

MEHRA: Yes, there are.

BASSIR POUR: And so how many were there 20 years ago, and what have you achieved in 20 years?

MEHRA: Well, we haven't started it. Twenty years was only that it started being voiced. But really, can you imagine that it is only now, in January 1994, that we have our first resolution which is going to the World Health Assembly, and in May 1993 we got a press release, and in our resolution on maternal child health we included traditional practices, including female genital mutilation.

MENON: What happens in a country like the Sudan, which has a kind of fundamentalist Islamic government? How do they come down on this issue?

MEHRA: I think they have done a very good job. I would say that because Sudan is one of the countries where for the first time the midwives were certified. And this is out of -- when the colonies were there, this was one of the countries. However, since everybody realized, and most of these countries to begin with are in the rural areas and they want to stick to their culture, so all the traditional birth attendants thought that this was something which has to be done. And every mother believed it has to be done. So I think slowly with the -- as I say, moving out from one region to another, getting in communication with others. And we have so many of these workshops where we get -- all these countries get together, exchange information, they bring up with the complications, they bring up the real cases, and the advocacy material which has now been made. I must say Scandinavian countries and other countries also, many of the non-governmental organizations, and now the US and other countries, France, UK are helping in this.

MENON: Does the WHO face any organized opposition?

MEHRA: No, not now. No, not now. Because we cannot get anything through the Executive Board of the World Health Assembly unless we have the approval and the agreement of the other countries. And the first resolution which was put up -- we don't put up a resolution, it's the countries. So there's a group of countries --

MENON: I meant at the national level.

MEHRA: No, these are -- the nationals are the ones which form the delegations. So they are the minister of health, his secretary of health and the others, and they have

to get the okay of their government, the agreement of the government before they would approve a resolution.

MENON: Let me rephrase it. At the national level, do the governments of those who are actively trying to stop this practice, do they face any organized opposition? Is there anyone out there saying we need to do this, we need to continue doing this?

MEHRA: No, I don't think any government has been vocal about publicly wanting to do it, but some of them have probably stayed away and let the non-governmental organizations bring up this as a problem. Because it is a public health problem.

LESSING: Dr. Mehra, could we ask about -- you keep talking about health, and we haven't really talked very much about specifics. I mean, can you give us some examples, whether they're extreme or not so extreme, about the effects on women's health of having this mutilation, whether it's relatively mild or very serious?

MEHRA: All right. I said there are the immediate complications, which lead to, for example, bleeding, which is haemorrhage; it could lead to infection, tetanus; it could lead to shock. And then subsequently at the site of where the mutilation is done -- because I didn't discuss the details of the mutilation -- it could be just the removal of the -- what is called the covering of the clitoris, which is prepuce, or it is the complete removal of the clitoris and part of the side lips, which are called labia minora, or in the extreme infibulation they remove all: the clitoris, the larger lips, which are called labia majora and the labia minora; they stitch them together, and then they put a little matchstick or something, leaving a very small hole in there. And the matchstick or that they leave so that the hole is there and the urination is not difficult.

But when the menstruation comes every month when they grow up, then sometimes it's very difficult and very painful. And then at the time of the -- when she has the first relations with her husband, the husband has to try over a few days or really has to either cut it with his own hands, and it's a very difficult procedure, or even use a blade.

For the childbirth, they open it up again, let the child be born, and then they want it again to be refibulated. Because that's the -- yes, all over again. And that causes, that means there is difficulty in childbirth, there can be an obstructed labour, there can be child who is born stillborn, and similarly, later on, over a period of time at the site of this operation -- it's not an operation but whatever you may call it -- a little keloid forms. And sometimes it forms a cyst which can be very large. And later on it can also affect your urinary system, and that leads to a vesicovaginal fistula, which means

the woman can be urinating all the time, the urine keeps on coming on, and she's smelly. So then starts your psychosocial effects, because the husband wouldn't like to come --

LESSING: Now she's an outcast, in fact.

MEHRA: Voila. So the point is that there are several things, one leading to the other, and so that psychological feeling is there, and her all the time fear of getting pregnant again. I'm telling you some of these are maybe in extreme cases, but definitely one leads to the other.

BASSIR POUR: You spoke of other traditional practices. Could you quickly tell us what those are? That need to be regulated?

MEHRA: Well, there is a lot of -- in some societies, as you know, they do the scarring. And that in many of the African countries. And even in some African countries, when you are close to your delivery, they do the scarring during the last trimester so that they think bleeding will come up and it will be easy to deliver. Then there are certain practices, certain positions in which they want to deliver the babies. They think that will be easier. It may not be necessarily a very useful one. Then there are the nutritional taboos. For example, these very women who undergo female genital mutilation sometimes do not eat enough because they think if they don't put on lot of weight, maybe it's easier to have a baby and it will be a low birth weight baby. There are so many of them that I think enter into it, whether they can take a particular nutrient or not, whether a particular vegetable or particular meat, everything is related to one or the other. Then there are practices --

MENON: You've said that WHO objects to the medicalization of this practice, but is there anything that the medical profession can do to alleviate what's already been done?

MEHRA: We are now really promoting this through our professional societies. For example, in September this year we're going to have a meeting of the Federation of Obstetricians and Gynaecologists. They come from all over the countries, there are about ten thousand of them who will gather in Montreal. We have taken one full session on female genital mutilation, trying to inform these people from the various countries what this is all about so that we can get their support, and not wanting to promote the society. And these are very, I would say, very not only professionally high but their voice is taken up as a very strong voice.

And we will have an exhibition, exhibits and all the advocacy material. Then at the ICPD, the International Conference for Population Development in Cairo in September, this comes under the reproductive health --

MENON: Dr. Mehra, that's all the time we have. Thank you for being with us on this edition of World Chronicle. Our guest has been Dr. Leila Mehra, senior advisor on family planning and population at the World Health Organization in Geneva. She was interviewed here by Judy Lessing of Radio New Zealand and Afsane Bassir Pour of *Le Monde*.

I'm Bhaskar Menon, thank you for joining us. We invite you to be with us for the next edition of World Chronicle.

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